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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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AD874147
AD NO. _____

AVCA-MB-GB-67M

HEADQUARTERS
67TH EVACUATION HOSPITAL
APO 96238

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130-191
INDEXED

14 August 1966

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 31 July 1966, RCS CSFOR-65

THRU: Commanding Officer
55th Medical Group
APO 96238

SEP 11 1970

Commanding Officer
44th Medical Brigade
APO 96307

Commanding General
1st Logistical Command
APO 96307

Commanding General
United States Army, Vietnam
ATTN: AVC
APO 96307

Commanding General
United States Army, Pacific
ATTN: GPOP-MH
APO 96558

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

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SECTION I SIGNIFICANT ORGANIZATIONAL ACTIVITIES

During this period the 67th Evacuation Hospital continued in a non operational status. Activities of the unit were concentrated in three areas; providing routine administrative and logistical support,

FOR OT UT
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DISTRIBUTION NO FOREIGN WITHOUT APPROVAL OF
ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT
(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

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construction of the new hospital complex, and support of other medical facilities in Vietnam.

The hospital complex when completed will consist of 27 buildings of which ten (10) buildings will be of permanent type construction, nine (9) will be hootch type buildings and eight (8) will be double quonset huts. Three (3) permanent buildings and two (2) quonset huts have been completed and are being utilized. Work has commenced on the remaining seven (7) permanent buildings as well as on the remaining six (6) double quonset huts. Only one (1) of the hootch type buildings is now under construction. The target date which has been established for completion of enough of the buildings to enable us to commence patient care operations on a limited scale is 15 September 1966. Due to the continued shortage of certain critical items of installed equipment, which has constantly been plaguing the contractor, a target date of 1 October 1966 would seem more realistic. (See inclosure 1)

Although the 67th Evacuation Hospital remains essentially unoperational due to construction delays, its personnel and much of its equipment has been utilized by augmenting other units. A notable example of this augmentation is the increased bed capacity of the 85th Evacuation Hospital which increased from 400 to 600 operating beds. Assigned administrative personnel are carrying their usual duties within the installation. An exception to this policy is the attachment for duty of all registrar personnel to the 85th Evacuation Hospital.

Early in the period our hospital mess hall, less installed equipment, was turned over to us. Five days later, after having constructed a temporary water storage area and after installation of a walk in reefer and utilizing TOE mess equipment, the mess hall became fully operational. The quality of the food was then and remains outstanding. The mess has proven to be an outstanding morale factor for personnel of the organization. In early June the hospital mess was designated a transient mess for the purpose of providing convenient mess service for transient aircraft crews.

LTC Holzworth attended the May meeting of the Qui Nhon Support Command Base Development Board, and submitted a request for authorization to construct under the troop labor program a WOQ, BOQ, enlisted barracks capable of housing 240 personnel, a day room, and an orderly room. The request was approved and forwarded to higher headquarters for final approval and necessary action. Early in July LTC Holzworth was notified that the project had been approved and the construction directive forwarded to 18th Engineer Brigade for necessary action. No further notification has been received and the current status of the project is unknown.

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On 25 May, Major Dorsett, MSC, and Major Butler, MSC, 44th Medical Brigade, discussed personnel and logistical problems with LTC Holzworth and staff. Specific problems discussed were the shortage of medical officers in the surgical sub specialties, the lack of a trained anesthesiologist, and equipment for the new hospital.

On 29 May, two surgical teams consisting of five (5) personnel each and necessary TOE equipment were dispatched to Pleiku to provide the 2d Platoon of the 542d Medical Clearing Company with a surgical capability in support of operation Hawthorne. An on the spot appraisal of the situation revealed that additional personnel would be required to staff one pre-operative and one post-operative ward. Thirteen (13) additional nursing service personnel were dispatched. This group remained at Pleiku and continued functioning as a small surgical hospital until that mission was taken over completely by the 18th Surgical Hospital on 28 July. During this period approximately 1,000 patients were admitted and 257 surgical procedures performed.

General Westmoreland, accompanied by Brigadier General Moyer, Commanding General, Qui Nhon Area Support Command, toured the hospital area on 11 June. General Westmoreland expressed the extreme need of hospital beds in Vietnam and made it clear that he desired this hospital to become operational at the earliest possible date.

On 15 June, Colonel Miller, MC, Commanding Officer, 44th Medical Brigade, and Colonel Caito, MSC, Executive Officer, 44th Medical Brigade, toured the construction site and were briefed by LTC Holzworth.

Wiremen from 41st Signal Battalion installed one (1) telephone line to the switchboard in hospital headquarters 14 June. Although the single line was inadequate for our needs and although the line was frequently severed by R&K heavy equipment, it nevertheless has provided communication of a sort. Additional telephone lines are programmed for installation in the near future.

LTC Tierny, ANC, Chief Nurse, USARV, visited the hospital site on 21 June and discussed ANC shortages with LTC Coover, Chief Nurse, and LTC Holzworth, Hospital Commander. Also on 21 June, LTC Boyd, MSC, and LTC Powell, MSC, 44th Medical Brigade, discussed operational and logistical problems with LTC Holzworth and staff. Our participation in operation Hawthorne and the type and quantity of non TOE medical equipment to be utilized in the new hospital were discussed. LTC Gordon, MC, USARV Consultant in Neuropsychiatry met with LTC Holzworth and members of the medical staff.

The unit observed "Organization Day" on 25 June. Operational

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commitments limited the scope of the activities, however an open house was held in the new hospital area from 1400 to 1700 hours. A program highlighted by LTC Holzworth's discussion of the unit mission and history and past accomplishments, the significance of each of the five (5) battle streamers earned by the unit during World War II, present and future utilization of the unit in Vietnam, was presented to members of the organization and visiting dignitaries. Vast amounts of food plus beer and soft drinks were available throughout the afternoon.

On 1 July, all assigned lieutenants (MSC) were given new job assignments within the unit. The purpose of the rotation was to increase their technical knowledge and to broaden their base of military experiences. It is still too early to fully evaluate the results of this program, however, it is felt that the added skills will be of benefit to both this unit and the US Army.

On 6 July, Major General Eifler, Commanding General, 1st Logistical Command, accompanied by Brigadier General Moyer, Commanding General, Qui Nhon Support Command, visited the new hospital site and were briefed by LTC Holzworth on the status of construction, utilization of personnel, shortages of personnel by MOS and this units support of operation Hawthorne. General Eifler complimented Colonel Holzworth on the fine performance of our 23 man team that participated in the operation. General Eifler also reiterated General Westmoreland's desire that the hospital should be completed as soon as possible.

On 8 July 1966, United States Army, Vietnam, approved our request for construction of male officer, female officer, and enlisted personnel billets under the troop labor program. No further word has been received and the status of the project at this time is unknown. It would be most desirable if work on the billets could begin immediately to insure completion prior to the onset of the monsoon season in October.

On 23 July, Colonel Haney Slocum, MC, Consultant in Anesthesia to the Surgeon General, Major Cale Thompson, MC, Consultant on Anesthesia to the USARV Surgeon, and Dr. Dripp, MD, Civilian Consultant in Anesthesia to the Surgeon General, visited the new hospital area. After a briefing on the status of construction and a tour of the hospital site, a discussion was held by the consultant with surgeons and anesthesia personnel. Topics discussed were number and type of anesthesia administered, adequacy of TOE anesthesia equipment and the proximity of resuscitation apparatus to the post operative and intensive care wards. Colonel Slocum strongly emphasized the necessity for advantageous pre-positioning of resuscitation apparatus.

During this period the arrival of replacements have been spotty. Replacements for personnel in the lower enlisted grades have arrived

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promptly and in sufficient numbers. However, we continue to have vacancies in the higher enlisted grades. Shortages of Medical Corps officers and Army Nurse Corps personnel that existed prior to this unit's departure from CONUS remain unfilled. Since the unit as such has been non-operational these shortages have not created serious problems, however, as the time approaches when this hospital will become operational the need for the officer personnel, particularly nurse anesthetists and medical officers in the surgical sub specialties, becomes more critical.

Promotion allocations during the report period were entirely satisfactory. Allocations in grades E4 and E5 were sufficient to allow us to promote all deserving personnel who met the time in grade requirements. A few promotions in the higher enlisted grades were also accomplished. Notable among the latter were the promotions of SFC E7 Robert M. Douglas and Charles W. Hawkins to MSG E8, and SSG E6 R. J. Penton and Dewey M. Powell to SFC E7. MSG Hawkins was subsequently transferred to the 85th Evacuation Hospital. (See inclosure 2)

Security regulations require that local nationals working on the Qui Nhon Airfield either have a security clearance obtained through ARVN channels or be kept under surveillance of an armed guard. With at least one (1) guard for each twenty (20) uncleared local nationals, in order to increase the number of local nationals employed by the contractor for work on the hospital construction project, this unit provides seven (7) security guards to the contractor on a daily basis. Since the availability of guards negates the requirement for security clearances, it is difficult to properly evaluate our contribution towards the construction effort. It is felt however, that by enabling the contractor to maintain a complete work force at all times, the unit has made a notable contribution towards the construction effort.

During the period, unit carpenters constructed counters and shelves to be utilized in the loose issue medical supply warehouse and unit supply. Ninety-six (96) box pallets were also constructed for use in the bulk storage medical supply warehouse.

No major logistical problems were encountered during the period. In as much as the unit was non operational, no heavy or unusual demands were placed on the logistical system. Routine support was entirely adequate.

SECTION II COMMANDERS OBSERVATIONS AND RECOMMENDATIONS

Part I Observations (Lessons Learned)

INSUFFICIENT PERSONNEL

ITEM: Certain sections within the hospital have found the present TOE (8-581E) to contain too few authorized personnel to accomplish their mission.

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DISCUSSION: After observing the operation of the 85th Evacuation Hospital, branches within this hospital have requested an increase in the number of personnel authorized by TOE 8-581E.

OBSERVATION: Registrar has requested two (2) medical records specialists to be utilized within the statistics section of the branch and two (2) medical records clerks to be utilized in an evacuation section. The increased importance, and increased workload in both these areas, make the additional personnel necessary. Supply and Services Branch requested additional personnel in all its present MOSs. The justification is primarily centered around the services section of this hospital. Other sections have submitted modification TOE requests primarily because the operation and administration of this installation is as called for in a present day CONUS type hospital and a war-time TOE just does not allow sufficient personnel for this type of sophisticated operation.

AIRFIELD SECURITY

ITEM: As a tenant on the Qui Nhon Airfield this unit is required to provide personnel to man the airfield security force.

DISCUSSION: This unit provides nine (9) guards on a daily basis, a commander of the relief, a driver and a switchboard operator every other day, a sergeant of the guard every third day and a commander of the guard every ten (10) days. This number of personnel being drawn from their assigned duties on a daily basis severely hampers the operation of certain sections.

OBSERVATION: While the security of the airfield is of great importance, it is felt that the utilization of non technical personnel or combat arm personnel would be much more appropriate.

Part II Recommendations

Our troop strength has shown a steady decline (see inclosure 2), largely due to rotation of personnel. When one realizes that over half of our assigned enlisted personnel have been placed on special duty, such as guarding the Qui Nhon Airfield and guarding the indigenous personnel who are actually building our hospital, he can appreciate the fact that our mission of treating patients has been in some jeopardy. Likewise, the physicians have been scattered among twelve different medical organizations throughout Vietnam. This has led to problems when certain professional personnel were needed in a nearby hospital due to the normal attrition of their staff. Although this latter shortage has concerned medical headquarters in Vietnam and in CONUS during the summer months, I would recommend that the combat zone be given a higher priority for medical

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replacements during this period. In view of the fact that some of our professional shortages were not filled prior to our departure from CONUS, and have not been filled during the past six months in-country, our ability to function as a unit has been in marked jeopardy. I recommend that at least the shortage of the four nurse anesthetists be filled in the very near future.

The system of medical evacuation in this war has changed our thinking. Our hospitals are more stationary, and better staffed to give definitive care, and the transportation time from the field to hospital is so much shorter than in other wars that our morbidity and mortality figures have dropped remarkably. Therefore, the necessity for several intermediate stops for wounded patients is nil. A surgical capability with anesthesia well forward will save lives, and then the definitive surgery and closure of incisions can be accomplished at the large, well-equipped stationary hospitals to the rear of the combat zone. Also, except as an immediate expedient, the sending forward of surgical teams made from Evacuation Hospital TOE supplies and organic personnel does not add to the efficiency of the medical care in the combat zone in the long run, because so many of the wounded are transported to the Evacuation Hospital, directly from the battlefield. The greatest concentration of medical personnel and supplies should remain in the larger hospital.

TOE 8-581E authorizes five (5) light vehicle drivers and twenty-four (24) wheeled vehicles. During the report period a minimum of fourteen (14) wheeled vehicles were utilized daily and on many occasions all twenty-four (24) were utilized. The additional drivers must be drawn from other sections and primarily from Nursing Service thus reducing our ability to perform our primary mission of patient care. An increase in the TOE authorization for light vehicle drivers from five (5) to fourteen (14) would enable the unit to meet minimum daily transportation requirements without impairment of the unit mission.

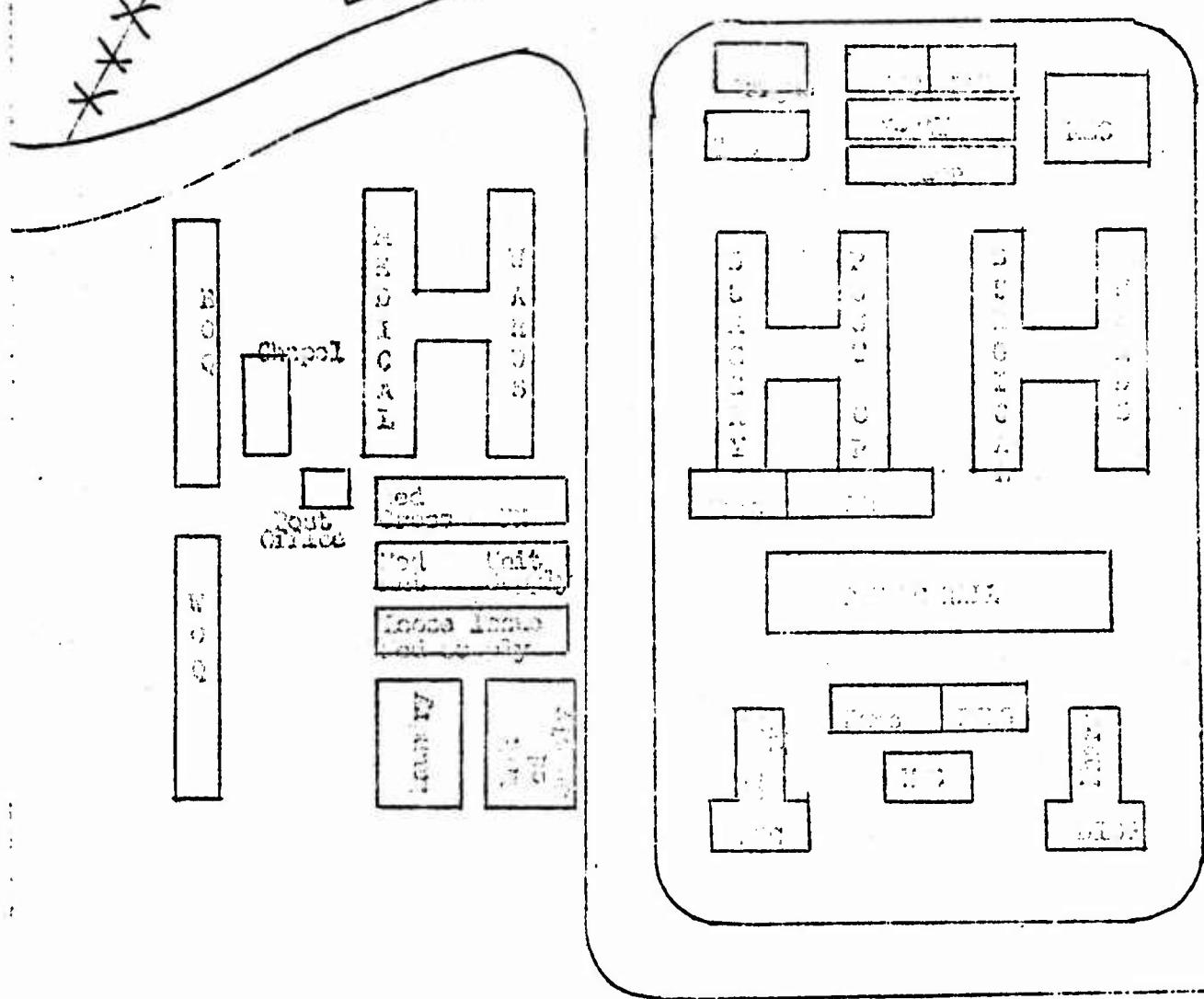
TOE 8-531E authorizes three (3) $\frac{1}{4}$ ton 4x4 vehicles and one (1) $3\frac{1}{4}$ ton 4x4 vehicle. The four (4) lighter vehicles authorized this organization do not provide enough transportation capability to meet normal administration requirements. Distances are great and traffic moves very slow in combat zones. In spite of efforts to consolidate trips and minimize waiting time by the drivers, we are still unable to respond to over 45% of the justifiable requests for transportation. It is recommended that Evacuation Hospitals and medical units of similar size be authorized a minimum of five (5) $\frac{1}{4}$ ton 4x4 and two (2) $3\frac{1}{4}$ ton 4x4 vehicles.

2 Incl

1. Site Diagram
2. Strength Figures

Robert H. Holzworth
ROBERT H. HOLZWORTH
LTC, MC
Commanding

NOT REPRODUCIBLE



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1. Authorized Strength as of 1 May 1966:

OFFICER
90

WARRANT OFFICER
1

ENLISTED
222

2. Assigned Strength as of 1 May 1966:

OFFICER
69

WARRANT OFFICER
1

ENLISTED
203

3. Authorized Strength as of 31 July 1966:

OFFICERS
90

WARRANT OFFICER
1

ENLISTED
222

4. Assigned Strength as of 31 July 1966:

OFFICER
74

WARRANT OFFICER
1

ENLISTED
213

5. Appointment Allocations grades E4 thru E9:

a. Received:

	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>
E4	4	10	1
E5	0	3	2
E6	2	1	1

b. Returned:

	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>
E4	0	6	0
E5	0	0	0
E6	0	0	0

6. All appointments for grades E7 thru E9 are made by: Commanding General, United States Army Support Command, Qui Nhon, APO San Francisco 96238.

Incl #2

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AVLC-MB-GB-B (14 August 1966) 1st Ind 17 August 1966
SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 31 July 1966 (RCS CSPOR-65)

Headquarters, 55th Medical Group, APO 96238, 17 August 1966

THRU: Commanding Officer, 44th Medical Brigade, ATTN: Historian,
APO 96307

Commanding General, 1st Logistical Command, ATTN: AVLC GO-H,
APO 96307

Commanding General, United States Army, Vietnam, ATTN: AVC-DH,
APO 96307

Commander-in-Chief, United States Army, Pacific, ATTN: GPOP-MH,
APO 96558

TO: Assistant Chief of Staff for Force Development,
Department of the Army, Washington, D.C. 20310

I concur generally in the observations and recommendations submitted by the Commanding Officer, 67th Evacuation Hospital. Because the hospital has not been operational during the reporting period, its personnel have been utilized to effectively augment the professional capabilities of other hospitals in the group with resultant increase in overall bed capacity. Due to the theater wide shortage of Medical Corps Officers, the operation of many hospitals and dispensaries would have been impossible without this effective utilization of professional personnel.

TEL: QN 679



EDWARD T. O'DELL
LTC, MC
Commanding

AVCA GO-H (14 August 1966)

2nd Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

5 OCT 1966

TO: Commanding General, United States Army, Vietnam, ATTN: AVHGC-DH
APO 96307

1. Forwarded in accordance with AR 1-19 and USARV Regulation 870-2.

2. Concur with the Operational Report as indorsed. The following information is added to provide necessary amplification.

a. Reference page 2 paragraph 1: The shortage of material, contractor furnished items, have since been secured and progress is continuing.

b. Reference page 2 paragraph 2 and page 3 paragraph 3: The buildings being prepared for the 67th Evacuation Hospital are part of a project previously known as Project 78 which was initially planned to house an aviation unit. Initial delays were caused by changes in design from cantonment facilities to hospital facilities. Construction of this project is the responsibility of RMK-BM.

c. Reference page 4 paragraph 4: The project for construction of billets was approved, and is presently under construction with a scheduled completion date of December 1966.

d. Reference Section II Part I, Item Airfield Security and paragraph 2, 2d Indorsement: The requirement for security guards from the 67th Evacuation Hospital is not considered excessive.

FOR THE COMMANDER:

TEL: Lynx 834

GLENN A. DOYLE
Capt. AGC
Asst. AG

AVHGC-DH (14 August 1966) 11 Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 July 1966 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96307 2500166

TO: Commander-in-Chief, United States Army, Pacific, ATTN: GPOP-MH
APO 96558

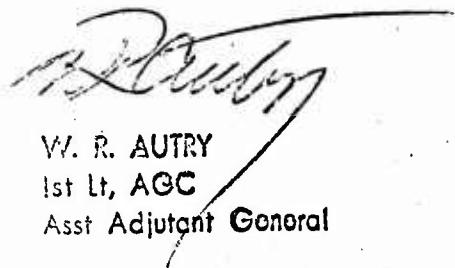
1. The Operational Report-Lessons Learned submitted by the 67th Evacuation Hospital for the quarterly period ending 31 July 1966 is forwarded herewith.

2. Concur with the comments contained in the basic report and the previous indorsements.

3. Reference Paragraph 3, Page 3: The hospital became operational on 8 October 1966 with facilities to support a minimum number of patients. This hospital has a construction priority immediately following port and communication facilities.

4. Reference 2d Indorsement, Paragraph 2b: Estimated completion date of the hospital is 1 January 1967.

FOR THE COMMANDER:



W. R. AUTRY
1st Lt, AGC
Asst Adjutant General

2 Incl
nc

cc

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GPOP-OT(14 Aug 66)

4th Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 July 1966 (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 26 NOV 1966

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:

2 Incl
nc

for Commandant COT AGC
L. L. CHAPPELL
MAJ, AGC
Asst AG

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